SUICIDE PREVENTION EFFORTS

CDC Suicide Prevention Grant Update - Stephanie Busche, Injury Prevention VT Dept of Health 5/21/21



Comprehensive public health lens

CDC Suicide Prevention Grant

Data-driven

Raising awareness of existing programs

Coordination



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Suicide Prevention Efforts

\$3.8M: CDC Comprehensive Suicide Prevention Cooperative Agreement

(VAST: Vermont Addressing Suicide Together)

- 1. The funding for this grant will sit with VDH, however, DMH will receive funding for a half-time Communications position.
- 2. This funding is for a public health approach to suicide to build comprehensive infrastructure

VERMONT ADDRESSING SUICIDE TOGETHER—PENDING NAME CHANGE

We know Vermonters are at risk and we need a comprehensive approach to suicide prevention.

VAST will:

- Develop a more coordinated statewide prevention effort with state partners and communities
- Utilize data analysis to identify vulnerable populations and serve them better
- Ensure access for underserved populations with a focus on health equity
- Expand Zero Suicide activities to rural Vermont counties and engage Community Health Teams
- Facilitate Gatekeeper trainings, which helps us ensure we are supporting the LGBTQ communityespecially youth, with appropriate resources—because the latest national data tells us that those youth are at significantly higher risk of self harm.
- Expand recovery and peer support groups including for first responders







Data and Outreach Coordinator Close 4/12

https://careers.vermont.gov/job/Dat a-and-Outreach-Coordinator-Limited-Service/727745100/ Data Analyst

Will be posted in the next few weeks

Program Coordinator

Closes 4/26

https://careers.vermont.gov/job/Bur lington-Public-Health-Programs-Administrator-Suicide-Prevention-Coordinator-Limited-Service-VT-05401/731752200/



Mental Health-Related ED Visits in Youth

March 2021

A recent MMWR report shows that the rate of mental health-related emergency department (ED) visits in children younger than 18 years

increased in the U.S. spring 2020, the rate and 12-17 increased

This brief examines t visits by month in 20 Vermont's small popul in youth, this brief loo years of age.

Visit Counts

In 2020 Vermont say and a reduction in ov

Vermont's first case community mitigatio and discouraged nor measures, there was Compared to the san overall and a 14% de to 2020 was seen in health visits). Compa related visits among

In 2020, overa

Jan



Firearm Injury and Death

March 2021

· Firearm injury rates have

increased 48% for 15-to 24-

A firearm injury is a nonfatal injury caused by the discharge of a firearm by accident, assault, intentional self-harm, or through legal intervention. A firearm death is a death caused by the discharge of a

legal intervention. This brief log-

and deaths due to firearms am significant differences will be n

Firearm Injuries and Deat

Firearms were responsible for in 2019. The trend in firearm i changed over the past ten year 2019 among firearm deaths. decrease in suicide death. This U.S. firearm death rates were

The trend in firearm

Age-adjusted rates p



Intent

Most firearm deaths are sui homicide, and 3% are due unintentional, which is an i firearm injuries were assault

A majority of firearm in



firearm unintentionally, in an assault, to complete suicide or through

VERMONT

Intentional Self-Harm and Death by Suicide

January 2021

Intentional self-harm is anything a person does to purposefully cause injury to themselves, with or without suicide intent. Death by suicide is intentionally taking one's own life. Research suggests that self-injurious behaviors, which include suicide attempts, are risk factors for suicide,1

Trends in Intentional-Self Harm & Death by Suicide

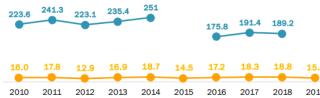
In 2018, Vermont had 1,091 hospital visits for intentional self-harm, with a rate 189.2 per 100,000. The rate of intentional-self harm increased from 2009 to 2014* and decreased 1% from 2017 to 2018. No rate in 2015 is shown due to a change in billing codes, and caution should be taken when comparing 2014 to later data. Compared to the U.S., Vermonters self-harm rate was higher in 2018 (U.S. rate 158.2)*.

In 2019, there were 109 suicide deaths among Vermont residents, with a rate 15.3 per 100,000. Suicide is the 8th leading cause of death in the state. Over the past 10 years, the rate of death by suicide has fluctuated, with the rate lowest in 2012, and highest in 2018. The rate of suicide decreased 19% from 2018 to 2019. Compared to the U.S.. Vermont's rate of suicide deaths was higher in 2018 (U.S. rate 14.2)*.1

- Hospital visit rates for intentional self-harm are higher for females* and 15-24-year-olds*.
- · Suicide rates are higher for males*.
- The percent of suicide deaths due to hanging or suffocation increased from 2016-2017 to 2018-2019 (from 20% to 26%),
- One fifth of suicide deaths are among Vermonters who served in the U.S. armed forces.

Over the past decade, intentional self-harm and death by suicide rates have fluctuated.

Age-adjusted rates per 100,000 Vermonters



Burden Documents

- Injury and Violence in Vermont, 2018 🗹
- The Burden of Injury in Vermont, 2008 🖪

Data Tables

- Data Table for Trends in Firearm Deaths, 2017-2019 NEW!
- Data Table for Trends in Suicide Deaths, 2017-2019
- Data Table for Trends in ED visits for Suicidal Ideation and Self-Directed Violence, 2017-2019

Data Briefs

- Firearm Injury and Death, 2021 NEW!
- Mental Health-Related Emergency Department Visits Among Youth, 2021 NEW!
- Intentional Self-Harm and Death by Suicide, 2020
- Trends in ED visits for Suicidal Ideation and Self-Directed Violence, 2017-2019
- Unintentional Drowning, 2020
- Intentional Self-Harm and Death by Suicide, 2019
- Firearm Storage Safety, 2019
- Bicycle-Related Injuries, 2019
- Pedestrian-Related Injuries, 2019.

https://www.healthvermont.gov/health-statisticsvital-records/surveillance-reporting-topic/injuries